

N 20000013698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

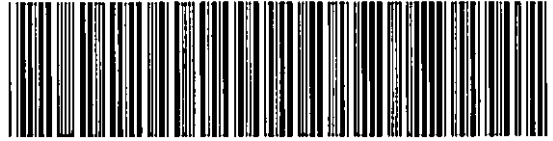
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**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** KRINSKY FAMILY FOUNDATION INC.  
\_\_\_\_\_  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: MORDECHAI LEBOVITS, CPA  
\_\_\_\_\_  
Name (Printed or typed)

1514 EAST 36TH STREET  
\_\_\_\_\_  
Address

BROOKLYN, NY 11234  
\_\_\_\_\_  
City, State & Zip

347-268-8085  
\_\_\_\_\_  
Daytime Telephone number

MORDECHAILEBOVITS@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: KRINSKY FAMILY FOUNDATION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <b>street</b> address:	Mailing address, if different is:
<u>2861 PINE TREE DRIVE</u>	<u></u>
<u>MIAMI BEACH, FL 33140</u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION IS BEING FORMED WITH THE CHARITABLE PURPOSE TO ACCEPT FUNDS THAT WILL BE

DISTRIBUTED SOLELY TO CHARITABLE ORGANIZATIONS, OR USED SOLELY FOR CHARITABLE PURPOSES.

CHARITABLE PURPOSES SHALL INCLUDE RELIGIOUS, CHARITABLE, SCIENTIFIC OR LITERARY PURPOSES.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: AS PER BY LAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Shmaya Krinsky, President</u>	Name and Title: <u>Yehudis Belkin, VP</u>
Address: <u>2861 Pine Tree Dr</u>	Address: <u>2861 Pine Tree Dr</u>
<u>Miami Beach FL, 33140</u>	<u>Miami Beach FL, 33140</u>
<u></u>	<u></u>
Name and Title: <u>Menachem Krinsky, VP</u>	Name and Title: <u></u>
Address: <u>2861 Pine Tree Dr</u>	Address: <u></u>
<u>Miami Beach FL, 33140</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>

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 11 11

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Shmaya Krinsky  
Address: 2861 Pine Tree Dr  
Miami Beach FL, 33140

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Shmaya Krinsky  
Address: 2861 Pine Tree Dr  
Miami Beach FL, 33140

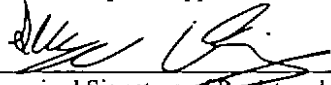
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

  
/ Required Signature of Registered Agent

11/20/20  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
/ Required Signature of Incorporator

11/20/20  
Date